

Contribution Change Form - Deferred Compensation



Group Number: <u>30031</u>	Participant Number:	Social Security Number:
Employer: <u>MONROE CO.</u>	Department:	
Plan Name:		
Participant Name: (Last, First, M.I.)		
<input type="checkbox"/> Name Change? Please provide documentation		
Mailing Address:		
<input type="checkbox"/> New?		
City:	State:	Zip:
Home Phone:	Work Phone:	Ext:

A. CONTRIBUTION CHANGE- BEFORE-TAX CONTRIBUTIONS

<input type="checkbox"/> Increase	Employee \$ OR %	Total Annual Contribution
<input type="checkbox"/> Decrease	From <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Resume	To <input type="text"/>	\$ <input type="text"/>
<input type="checkbox"/> Suspend		

☐ I am utilizing the plan's age 50+ catch-up provision. (You must be age 50 or older by the end of the calendar year in which this deferral election is effective. This provision is only available where the plan is sponsored by a governmental employer.)

IF YOU ARE UTILIZING THE PRE-RETIREMENT CATCH-UP PROVISION PLEASE COMPLETE A PRE-RETIREMENT CATCH-UP NOTIFICATION AND SUBMIT IT TO HARTFORD LIFE.

By execution of this document, the Employee authorizes that any Before-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employee Signature

Date

B. EMPLOYER SIGNATURE

By execution of this document the Employer agrees that any Before-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employer Signature

Date

NOTE:

FORM CAN EITHER BE FAXED OR MAILED.

FAX #: 457 PLAN @ 381-7346

MAIL TO:

**457 PLAN SERVICE GROUP
179 SULLY'S TRAIL - STE. 200
PITTSFORD, NY 14534**

QUESTIONS CALL 385-0440